



UNITED STATES MARINE CORPS  
Marine Corps Logistics Command  
814 Radford Boulevard Ste 20301  
Albany, Georgia 31704-0301

IN REPLY REFER TO:  
4000  
L40  
28 April 04

From: Commanding General  
To: Distribution List

Subj: LETTER OF INSTRUCTION (LOI) FOR PROCESSING DEPARTMENT  
OF DEFENSE (DoD) CIVILIAN EMPLOYEES AND CONTRACTOR  
PERSONNEL FOR DEPLOYMENT

Ref: (a) DoD Instruction 3020.37  
(b) SECNAVINST 5720.44A  
(c) DoD 1404.10  
(d) DoDI 1400.32  
(e) DoDD 1400.31  
(f) DoDD 3025.14  
(g) CMC Washington DC PR RFO (UC) msg 141406Z Nov 03

Encl: (1) Deployment Responsibilities Checklist  
(2) Deployment Load for Civilian Personnel  
(3) Civilian Employee/Contract Personnel Pre-Deployment  
Responsibilities Checklist  
(4) Report of Medical History (DD2807-1)  
(5) Report of Medical Examination (DD2808)  
(6) Anthrax Immunization Flowsheet (SF601)  
(7) Record of Emergency Data (DD93)  
(8) Special Interest Code (SIC) List  
(9) Travel Order Guidance

1. Situation. Reference (a) directs Department of Defense (DoD) components to rely on the most effective mix of the Total Force, including DoD civilian and contract resources, necessary to fulfill assigned peacetime and wartime missions and also provides guidance on the continuation of essential contractor services during crises.

2. Mission. Marine Corps Logistics Command (MARCORLOGCOM) will ensure that DoD civilian employees and contract employees (hereafter collectively known as civilian personnel unless otherwise specified) are properly screened, processed, trained, and equipped in accordance with guidance issued by the DoD and/or operating forces in order to deploy in-theater for the purpose of providing essential services. The purpose of this LOI is to

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provide guidance for the pre-deployment screening, processing, training, and equipping of civilian personnel in support of

Marine Corps missions. Enclosures (1) through (3) provide general deployment guidance and information.

### 3. Execution

a. Concept of Operation. The process for preparing civilian personnel for deployment will vary depending on the type of support required and requirements in individual contracts. Adjustments to this LOI may be made on a case-by-case basis. Upon MARCORLOGCOM's receipt of a request for support that requires the deployment of civilian personnel, MARCORLOGCOM will coordinate with the supporting command or organization to establish a basic plan to properly screen, process, train, and equip civilian personnel. In most cases involving operating forces units the respective G-4 will publish a deployment LOI that will outline specific requirements for the deploying individual. Plans, Policy and Operations (PP&O) Department, MARCORLOGCOM, will task the applicable command or organization with the support requirement. The command or organization will coordinate the deployment of civilian personnel in accordance with DoD, published operating forces deployment instructions and with guidance provided by the MARCORLOGCOM Manpower Office. The command or organization will provide situation reports to PP&O as required to keep MARCORLOGCOM apprised of operations until the issued tasker is complete.

(1) Command-Hosted Personnel. Command-Hosted personnel are those emergency-essential civilian personnel who directly support Marine Expeditionary Force (MEF) Major Subordinate Commands (MSCs) in garrison and who will deploy, support, and re-deploy with their respective commands. MARCORLOGCOM is responsible for ensuring that civilian personnel are properly screened, trained, and equipped along with all deploying service members in accordance with DoD and published operating forces deployment instructions, and guidance provided by the MARCORLOGCOM Manpower Office.

(2) Individual Augments. Individual Augments are those emergency-essential civilian personnel who will deploy independently from the commands they are to support, and who may support more than one MSC in-theater. MSCs will identify requirements for contractor support and submit requests through contract channels to Marine Corps Systems Command (MCSC) and inform the MEF G-4. The MEF G-4 will track all civilian personnel support in-theater and will coordinate the pre-deployment screening, processing and training for civilian



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personnel. Marine Logistics Command (MLC) will act as the in-theater manager of civilian personnel.

b. Deployment Phase

(1) Notification Phase. During the Notification Phase, MARCORLOGCOM is notified to prepare civilian personnel for possible deployment. Due to the long lead time involved with certain requirements, such as immunizations and visas, preparations must be initiated immediately. When a deployment date is determined, a message will be sent to the cognizant contracting officer, agency, command or activity to notify civilian personnel to mobilize and report to the appropriate Civilian Processing and Departure Point (CPDP) or host command. MARCORLOGCOM shall ensure that civilian personnel are medically and physically qualified to deploy and that they report for processing with all personal items, clothing, tools, and equipment required to perform their Statement Of Work (SOW) in-theater. Individuals requiring vision corrective lenses (glasses or contact lenses) will be required to have a government administered eye examination and will be issued optical inserts for the protective mask. Contractors shall ensure their employees are briefed regarding the potential danger, stress, physical hardships and field living conditions and certify in writing that contract employees acknowledge and accept these conditions. Contractors shall check their company life insurance policies to ensure they do not have a war clause which would prevent payment should death occur in a combat zone. A copy of this acknowledgement, as well as a record of medical qualification, shall be provided to the CPDP or hosting command.

(2) Processing Phase. During the Processing Phase, which will take place approximately five days prior to scheduled deployment, civilian personnel will report to a CPDP. The primary CPDP will be located at Camp Pendleton, California, with additional CPDPs being established at other locations, depending on the geographic locations of the personnel to be processed. MARCORLOGCOM shall be responsible for providing civilian personnel who meet the physical standards and medical requirements for job performance in the designated theater of operations. The CPDP or host command will review all MARCORLOGCOM documentation to verify that they have met the pre-deployment responsibilities. The CPDP will then provide classroom training and practical familiarization with personal protective equipment such as Nuclear Biological Chemical (NBC), Mission Oriented Protective Posture (MOPP) gear and coordinate



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shipment of contractor-required equipment to perform in-theater (does not include personal tools). The CPDP will issue

Identification (ID) cards and other documentation and prepare a Deployment Packet for qualified candidates. In some cases, civilian personnel may be required to bypass the CPDP and report directly in-theater. These requirements will be handled on a case-by-case basis. Enclosures (1) through (9) and the points of contact listed in this LOI are provided for guidance and assistance. Note enclosure (1) is specific to contractors.

(3) Processing Complete. Upon completion of processing, the CPDP or host command will issue an endorsement letter stating training and processing has been completed and that civilian personnel are capable of employment in-theater. A copy of this letter will be placed in the Deployment Packet. The CPDP or host command will apprise the In-theater Central Processing and Departure Point (ICPDP) and the MEF G-1 via Naval Message or E-Mail of the civilian personnel's travel itinerary and Contractor Furnished Equipment (CFE) manifest. The host command or CPDP will submit country clearance requests for civilian personnel.

(4) In-theater Processing. In-theater processing will consist of a review of civilian personnel documentation, duplication and retention of records, issue of personal gear (as necessary), briefing of local information or Commander's guidance (as necessary), assignment to messing and lodging, issue of local identification (as required), coordination of link-up with CFE needed to perform in-theater, and assignment to a work area. Processing may be performed by the ICPDP or host command.

(5) Deployment. After successful completion of CPDP processing, civilian personnel will deploy to theater. Travel will be by government-owned or government-contracted conveyance, unless otherwise arranged with MARCORLOGCOM. Upon arrival in-theater, civilian personnel will report to a reception point, where they will be issued equipment and receive any theater-specific training. MLC will manage the in-theater reception point and track movement of civilian personnel.

(6) In-Theater Work. While contractor work may be under the supervision of a deployed unit or work center, only the contracting officer or his/her designated representative may amend the contractor's SOW. All contract employees, including sub-contractors, will comply with all guidance, instructions, and general orders applicable to U.S. Armed Forces and DoD civilians as issued by the Theater Commander or his/her representative.

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This will include any and all guidance and instructions issued based upon the need to ensure mission accomplishment, force protection and safety. All contract employee performance and conduct problems will be identified by the cognizant contracting officer or his/her designated representative. The contractor shall promptly resolve all performance issues to the satisfaction of the contracting officer. The contracting officer may direct the contractor, at the contractor's expense, to remove or replace any contract employee failing to adhere to instructions and general orders issued by the Theater Commander or his/her designated representative or for failure to perform the work statement. Before operating any military owned or leased equipment, the contract employee shall provide proof of license (issued by an appropriate governmental authority) to the contracting officer or his/her representative. The government, at its discretion, may train and license contract employees to operate military owned or leased equipment. The contractor and its employees will be held jointly liable for all damages resulting from the unsafe or negligent operation of military owned or leased equipment.

(7) Re-deployment. Upon completion of the SOW, or when required to return to point of origin, civilian personnel will be processed for retrograde deployment. Processing may be conducted by MLC at the in-theater reception point or by the host command. Retrograde processing will consist of the return of issued equipment or collection of payment for lost or damaged equipment; return of controlled identification; coordination of shipment of CFE to the contractor's facility; coordination of travel; and notification to the MEF and MARCORLOGCOM.

c. Tasks

(1) MARCORLOGCOM Headquarters Element and Special Staff

(a) Utilizing the criteria detailed within the support request provided by PP&O, develop an estimate of support. Liaison with PP&O as needed to produce the best estimate possible.

(b) Submit the estimate of support to PP&O for routing to the Commanding General (CG) for approval.

(c) If civilian personnel are required to deploy from your organization, notify Commanding Officer, MCLB Albany (Base



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Adjutant) for reporting purposes and prepare deploying civilian personnel in accordance with this LOI, references (a) through (g)

and specific deployment LOI/guidance that may be provided by the requesting unit. Notification/report to Commanding Officer, MCLB Albany will include all deploying personnel by name, rank and designation (military, civilian or contractor), location and departure/return date on orders.

(2) MARCORLOGCOM Manpower Office. Provide guidance and assistance to personnel and/or their supervisors regarding deployment requirements and preparation.

(3) MARCORLOGCOM HQ Plans, Policy and Operations (PP&O) Department

(a) Task the appropriate command or department with the support requirement.

(b) Consolidate all lists of deploying civilian personnel for MARCORLOGCOM and report as required.

(c) Provide copies and updates of the deployment list to all departments/commands as necessary.

(d) Provide estimates of support via naval message to units requesting support.

(4) Civilian Human Resources Offices. Provide guidance and assistance as needed regarding DoD civilian employee benefits such as life insurance, leave, health, records, injury, beneficiary forms, pay entitlements, etc.

(5) Marine Corps Logistics Bases (MCLBs) Albany and Barstow

(a) Provide guidance on legal matters involving deployment of DoD civilian employees.

(b) Assist in the preparation of optional wills and powers of attorney for deploying civilian personnel.

(c) Provide civilian personnel with medical screening, immunizations and guidance in accordance with references (a) through (g).

(d) Provide guidance and assistance regarding time and attendance reporting as required.

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(e) Provide assistance regarding identification requirements such as Geneva Convention/Identification Cards, official (red) passport, tags, etc. for civilian personnel.

(f) Provide assistance and advice in the preparation of travel orders for civilian personnel.

(g) Consolidate all personnel (military, civilian and contractor) deploying numbers and report them to PP&O as required. Commanding Officer, MCLB Albany (Base Adjutant) will report for geographic Albany. Commanding Officer, MCLB Barstow will report for geographic Barstow.

(h) Utilizing the criteria detailed within the support request provided by PP&O, develop an estimate of support. Liaison with PP&O as needed to produce the best estimate possible.

(i) Submit the estimate of support to PP&O for routing to the CG for approval.

(j) If civilian personnel are required to deploy from your command, notify PP&O for reporting purposes and prepare deploying civilian personnel in accordance with this LOI, references (a) through (g) and specific deployment LOI/guidance that may be provided by the requesting unit.

(k) Issue travel orders for deploying civilian personnel.

(6) Maintenance Center Albany (MCA) and Maintenance Center Barstow (MCB)

(a) Utilizing the criteria detailed within the support request provided by PP&O, develop an estimate of support. Liaison with PP&O as needed to produce the best estimate possible.

(b) Submit the estimate of support to PP&O for routing to the Commanding General for approval.

(c) If civilian personnel are required to deploy from your command, notify the applicable Commanding Officer, MCLB for reporting purposes and prepare deploying civilian personnel in accordance with this LOI, references (a) through (g) and specific



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deployment LOI/guidance that may be provided by the requesting unit. Notification/report to Commanding Officer, MCLB will include all deploying personnel by name, rank and designation

(military, civilian or contractor), location and departure/return date in orders. Commanding Officer, MCLB Albany, (Base Adjutant) will report for geographic Albany. Commanding Officer, MCLB Barstow, will report for geographic Barstow.

(7) Blount Island Command

(a) Utilizing the criteria detailed within the support request provided by PP&O, develop an estimate of support. Liaison with PP&O as needed to produce the best estimate possible.

(b) Submit the estimate of support to PP&O for routing to the Commanding General for approval.

(c) If civilian personnel are required to deploy from your command, notify PP&O for reporting purposes and prepare deploying personnel in accordance with this LOI, references (a) through (g) and specific deployment LOI/guidance that may be provided by the requesting unit. Notification/report to PP&O will include all deploying personnel by name, rank and designation (military, civilian or contractor), location and departure/return date on orders.

4. Administration and Logistics

a. Medical and Dental. MARCORLOGCOM is responsible for providing civilian personnel who meet the physical standards and medical requirements for job performance in the designated theater of operations. The CPDP or host command will review all documentation to verify that civilian personnel have met the pre-deployment responsibilities and will determine an individual's suitability for deployment. To ensure proper fit of personal protective equipment, civilian personnel shall be clean-shaven and be height-weight proportionate. When civilian employees are provided respirators, they must receive a medical clearance and be fit tested by the Respiratory Protection Program Manager (RPPM). All deploying civilian personnel will complete enclosures (4) and (5). Civilian personnel will have their civilian physician and dentist complete applicable portions of enclosure (5). Equivalent civilian medical and dental forms are also acceptable. Specific details of medical requirements will be identified and published by DoD or operating forces. Military medical personnel will administer anthrax immunizations (as required) to civilian personnel who will spend more than 15



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consecutive days in-theater. A minimum of three anthrax immunizations, administered over a six-week period, are required prior to deployment for personnel needing this immunization.

Civilian personnel will begin the anthrax immunization series as soon as deployment is anticipated if required. Enclosure (6) will be completed by military medical personnel at the CPDP or host command. Additional anthrax immunizations will be administered by medical personnel in-theater as required. Deoxyribonucleic Acid (DNA) sampling will also be conducted at the CPDP or host command for civilian personnel and will be processed and retained in the same method as for military personnel. When applicable or in accordance with (IAW) a standing contract, the host commands may provide to contract employees emergency medical and dental care commensurate with the care provided to DoD civilians deployed in the theater of operations.

b. Record of Emergency Data. All deploying civilian personnel will complete enclosure (7) prior to deployment. This document will serve as the primary source for notification of Next Of Kin (NOK) in the event of casualty. The proper authorities as detailed in this LOI will initiate notification of NOK.

c. Passports and Visas. All deploying civilian personnel must possess a valid passport. DoD civilian employees are eligible to obtain an official (red) passport. All other civilian personnel must possess a tourist (blue) passport and visas for the countries to be visited. Visas are required for some countries for both official and tourist passports. All personnel are encouraged to begin the passport and/or visa process as early as possible. At a minimum, the following documents are required for obtaining a passport: certified birth certificate; two passport photos; identification card or driver's license; and the appropriate passport application. The Foreign Clearance Guide (FCG) provides up-to-the-minute requirements for all countries. The website for FCG is [www.fcg.pentagon.mil](http://www.fcg.pentagon.mil).

d. Identification cards. CPDPs or host commands will issue Geneva Convention/Identification Cards to all deploying civilian personnel. This card must be surrendered upon mission completion.

e. Identification tags. CPDPs or host commands will issue identification tags (dog tags) to all deploying civilian personnel. These need not be surrendered upon mission completion.

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f. Security

(1) Clearances. If a security clearance is required, security clearances will be submitted to the Security Manager of the host command. Civilian personnel requiring a clearance will submit clearance information as directed via FAX (Visit Request) or naval message. The list must be in the format: rank; last name; first name; middle initial; social security number; date, city and country of birth; and date/type of investigation.

(2) Transportation of Classified Material. Civilians may transport classified material aboard military-owned or military contracted aircraft, provided they possess the requisite security clearance and have authorization to carry classified material written in their orders. Transportation of classified material aboard commercial aircraft requires a letter of authorization from the appropriate Security Manager.

(3) Security Badges. Host commands will issue security badges to civilian personnel as required.

g. Personal Clothing. No military uniforms will be issued to civilian personnel. All civilian personnel are required to bring the necessary personal clothing and safety equipment appropriate for the climate and living conditions. Clothing will be distinctive and unique and not imply that the civilian is a military member or combatant. Civilian personnel must provide their own cold-weather and wet-weather clothing.

h. Individual Military Equipment. The U.S. Government will furnish civilian personnel with all necessary personal military equipment, including helmet, body armor, NBC Personal Protective Equipment, canteens, web gear, and sleeping bag. Civilian personnel will be issued the gear by MLC (CIF) upon arrival in-theater and will return it to MLC before departing theater. Assignment of equipment and gear by MARCORLOGCOM will be made on a case-by-case basis. NBC gear should be inspected as applicable prior to individual issue. Contractors are responsible for reimbursing the Government for loss or damage.

i. Weapons. Force protection will be provided by military personnel at all times. Civilian personnel cannot bring or possess any firearms or explosives of any kind. Personal weapons are strictly prohibited. Personally-owned knives, with a blade



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length less than four inches, are permitted, provided they are transported in checked luggage.

j. Contractor Furnished Equipment (CFE). Unless otherwise stipulated by contract, the contractor will be prepared to move material and equipment (excluding personal hand tools) using U.S. government transportation and comply with applicable transportation regulations. The CPDP or host command will assist the contractor, as necessary, in coordinating shipment of CFE to the Area of Responsibility (AOR).

k. Prohibited Items. Possession of pornography, alcoholic beverages, personally-owned firearms, and explosives are strictly prohibited.

l. Messing. During CPDP processing, messing costs are the responsibility of civilian personnel. In-theater, civilian personnel are entitled to full use of dining facilities at any U.S. military installation.

m. Computers. If contractor owned computers are required in the performance of work, they must be labeled with identification stickers identifying the highest security classification of information contained within. All computers will have the latest anti-virus software installed.

n. Orders/Funding. Per reference (g), the office/department the civilian is assigned to will initially fund all O&MMC/O&MMCR costs for contingency operations, including deployment and redeployment costs. Maintenance Centers Albany and Barstow DoD civilian employees are the exception. They will be funded from O&MMC/O&MMCR vice Navy Working Capital Fund (NWCF). It is critical that the appropriate Special Interest Code (SIC) is used to record/report incremental costs in support of each operation for potential future reimbursement. The sample of operations related to the global war on terrorism are listed in enclosure (8). CPDPs will issue orders or endorse existing orders or contracts for civilian personnel. The orders will include the contract number (if applicable); a statement authorizing travel aboard military aircraft; a statement authorizing the carry of classified material (if applicable); and a statement that the contractor will be held responsible for the loss of any government-issued equipment. Suggested bullets and additional guidance for use in preparing orders for deploying personnel are provided in enclosure (9).

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o. Training. CPDPs or host commands will provide classroom or written instruction to all civilian personnel deploying.

Some of the topics that will be covered are listed below:

(1) Personal protective measures against Biological and Chemical Weapons.

(2) Cultural aspects of the countries to be visited.

(3) Rules of Engagement/Status of Forces.

(4) Level One Anti-Terrorism.

(5) Foreign Intelligence Brief (unclassified).

(6) Medical threat and medical self-aid/buddy care.

(7) Defensive travel briefing.

p. Deployment Packets. CPDPs or host commands will prepare Deployment Packets for all deploying civilian personnel. The packets must include: Record of Emergency Data (DD93); Report of Medical History (DD2807-1); Report of Medical Examination (DD2808); record of training received; and a copy of orders and endorsements. The original Deployment Packet will remain with the CPDP or Continental United States (CONUS) headquarters of the host command. A copy of the Deployment Packet, along with original orders and endorsements, will be carried with the individual deploying.

q. Family Readiness. MARCORLOGCOM, host commands and CPDPs will encourage and assist civilian personnel in sound financial and legal planning prior to deployment. Staff Judge Advocates may assist in the preparation of wills and powers of attorney. It is mandatory that civilians participate in the Direct Deposit Program. Deploying personnel will bring U.S. currency, personal checks, an ATM card, and a credit card. While working in-theater, civilians may use morale, welfare, and recreation services commensurate with that provided to military personnel. Civilian personnel are not eligible for Serviceman's Group Life Insurance (SGLI). Contractors are responsible for their own health and life insurance benefits. Insurance should allow for traveling in military vehicles. As required by the operational situation, the government will relocate contract personnel (who are citizens of the United States, aliens resident in the United States or third country nationals, not resident in the host nation) to a safe area or evacuate them from the area of operations. The U.S. State Department has responsibility for



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evacuation of nonessential personnel. In the event of a  
casualty, the host command will provide emergency medical

attention and send a Personnel Casualty Report (PCR), the same as  
for a service member. The host command or ICPDP will coordinate  
for evacuation of the individual or transport of remains to the  
home country. In the event of death or serious injury the Marine  
Casualty Section will notify the NOK and the employer.

r. Points of Contact. The following points of contact are  
provided.

(1) MARCORLOGCOM PP&O Current Operations OIC  
(229) 639-7218 (DSN 567),

(2) MARCORLOGCOM PP&O Current Operations Chief  
(229) 639-7900 (DSN 567),

(3) MARCORLOGCOM Manpower Office (229) 639-5750  
(DSN 567),

(4) MCLB Albany, Base Adjutant (229) 639-5943  
(DSN 567),

(5) MCLB Barstow, Military Personnel Division  
(760) 577-6727 (DSN 282),

(6) MCB, Manpower and Administration Department,  
(760) 577-7376 (DSN 282),

(7) MCA, Program Management Branch (229) 639-5389  
(DSN 567),

(8) Blount Island Command, Director's Office  
(904) 696-5100,

5. Command and Signal

a. Command. This LOI is applicable to all of MARCORLOGCOM.

b. Signal. This LOI is effective the date signed.

(Signed)  
A. H. SASS  
Chief of Staff

DISTRIBUTION: A

## Deployment Responsibilities Checklist

The below listed matrix summarizes deployability responsibilities for Contractors and the Government. Mandatory minimum requirements are prerequisites to deployment.

MANDATORY REQUIREMENTS TO DEPLOY		
Item	Contractor provides	Government provides
<b>Medical:</b>		
<b>Immunizations.</b> The contractor must provide documentation to show that they are current in the following:	X	
Hepatitis A	X	
MMR/MR	X	
Polio	X	
Influenza	X	
Typhoid	X	
Yellow Fever	X	
Meningococcal	X	
Anthrax		X
Current Physical Exam	X	
HIV Testing (within 12 months of deployment)	X	
Eye Exam	X	
Hearing Exam.	X	
DNA Sample		X
Tuberculosis Screening (PPD performed within last 12 months)	X	
<b>Dental</b>		
Dental Class I or II	X	
<b>Medical documentation to show above requirements complete and satisfied.</b> [At a minimum, shot card or contractor's format dental and medical certification sheet (not necessarily the individuals medical record)]	X	
<b>Training (Government Conducted)</b>		X
NBC/CBE (To include familiarization with personal protective equipment)		X
Country Brief (To include cultural aspects and prohibitions)		X
Medical Brief (Health Risk Communication)		X
Level I Anti-Terrorism		X
UNCLAS Foreign Intelligence		X



Item	Contractor provides	Government provides
<b>Personal Equipment and Effects</b>		
Necessary chemical defensive equipment issue (MOPP Gear, Gas Mask) [Note: Individuals must be able to use standard sizes of equipment issued and grooming requirements for gas mask wear]		X
Personal Clothing and personal safety equipment required to perform statement of work in the in-theater environment [NOTE: Uniform utilities will not be issued. Clothing should not imply contractor is a member of the military or combatant]	X	
<b>Identification:</b>		
Passport	X	
Visas (as applicable)	X	
Applicable Licenses, Customs Duty (as required)	X	
<b>Identification</b>		
Uniform Services Identification Card (DD form 1173)		X
Geneva Convention Identification Card (DD Form 489)		X
Local Unit (In-theater) Identification Cards		X
Contractor's Company Identification	X	
Country Clearance (As required)		X
<b>Additional Medical and Medical Support:</b>		
Medications as needed (minimum of 90 days supply)	X	
Medical Alert Tag, if required (with replacement)	X	
Current Prescription and eyeglasses if necessary with spares as needed. Includes safety glasses/goggles.	X	
Provide Current Dental Panograph	X	
<b>Personal Items/Equipment</b>		
Personal Hygiene items	X	
Gas Mask Optical Inserts (if required)		X
Hearing Aid (if required) and spare batteries	X	
Sleeping bag and ISO mat		X
Helmet and Flak vest		X
Canteens, first aid kit, web belt and harness (782 gear)		X

## Deployment Load For Civilian Personnel

Note that specific theater admission requirements for civilian employees deploying to a theater of operations will be established and provided as operations occur. The following is intended as a basic guide and is provided for information purposes.

<u>Items</u>	<u>Quantity</u>
Civilian trousers (no shorts or jeans).....	3
Civilian collared shirt .....	3
Civilian belt .....	1
Civilian leather shoes/boots .....	1 pair
Civilian hat or cap (optional) .....	1
Civilian cold-weather jacket .....	1
Socks, cushion sole .....	5 pair
Drawers .....	5 pair
Soap .....	2 bars
Wash cloth, towel .....	1 each
Shaving cream, Razor, 10 Blades .....	1
Laundry Detergent Powder (per four persons) .....	1 box
Letter Writing Gear w/stamps (optional) .....	
Mesh Laundry Bag w/pin .....	1
<hr/>	
PT Gear/Green shorts & Tshirt, running shoes (optional) .....	1 set
White Socks .....	2 pair
Shower Shoes .....	1 pair
Sewing Kit .....	1
Foot Powder .....	1
Toothpaste, Full Tube w/brush .....	1
Field Mirror .....	1
Nail Clippers .....	1 set
Extra Eye Glasses (as required ).....	1 pair
Carry-on bag (for personal items-black or green only) .....	1
Hygiene gear .....	
Personal items .....	
Passport .....	1
Gloves .....	1 pair
Gortex Jacket .....	1
Gortex Trousers .....	1
Cold-weather Cap .....	1
Thermal underwear (top and bottom) .....	1 each
Ear Plugs w/Case .....	1
M291 Skin Decontamination Kit .....	1
Sunscreen .....	1
Goggles/Sun glasses .....	1
Flashlight w/Batteries .....	
Identification Tag w/Chain .....	1 set



<u>Items</u>	<u>Quantity</u>
Eye Glasses (as required) .....	1 pair
ID Card (ensure ID card displays SSN and DOB) .....	1
Camelbak (black, green, or brown only) (optional) .....	1
Checkbook, ATM card, credit card .....	1 each
Driver's License .....	1
Helmet w/Chin Strap .....	1
Canteens w/Covers and NBC Caps .....	2
Canteen Cup .....	1
First Aid Kit (contents listed below)* .....	1
Load Bearing Vest/H-Harness (as applies) .....	1
Armor, Body, Upper Torso .....	1
Sleeping Bag w/Bivy Sack .....	1
ISO Mat .....	1
Field Protective Mask w/Carrier and Hood .....	1
NBC Filters .....	2
MOPPsuit .....	1
NBC gloves .....	1 pair
NBC over boots .....	1 pair
90 day supply of required medications .....	
Medical Alert Tag w/Replacement (as required) .....	
Hearing Aid w/extra batteries (as required) .....	

\*First Aid Kit Contents

<u>Quantity</u>	
18	Bandage, Adhesive .....
1	Bandage, Gauze .....
1	Bandage, Muslin .....
3	Bottle, Snap-on .....
2	Dressing, First Aid, Field .....
1	Instruction Card .....
1	Lip-Stick, Anti-Chap .....
1	Providone-Iodine Solution .....
1	Bottle, Water Purification Tablets .....
1	Signed Inventory Sheet .....

Safety Equipment

<u>Quantity</u>	
1	Prescription Safety Glasses (as required) .....
2	Safety Glasses (ANSI Approved, as required) .....
1	Hard Hat (ANSI Approved, as required) .....
1	Respirator w/90 day supply of required filters (as required) .....
1	Safety Shoes/Boots (as required) .....
1	Additional PPE (as required) .....

### Prohibited Articles

- a. Any controlled substances/alcoholic beverages.
  - b. Firearms, destructive devices (explosive caps, tear gases, projectiles, etc.).
  - c. Explosives and flammables (i.e. heat tabs, sterno, etc.).
  - d. White phosphorus matches.
  - e. Pornographic material. These include, but are not limited to, sports, fitness, health, and entertainment magazines that would contain pictures of persons in any stages of nudity, persons in swimming apparel, tank tops, various types of revealing athletic apparel, and other types of revealing clothes.
  - f. Prohibited Prescription Drugs. Must be in original labeled container and not loose. Should be in the AWOL bag.
  - g. All carrying bags, briefcases, and AWOL bags will be black, dark green, or olive drab only. No other colored civilian bags are authorized.
  - h. Appropriate civilian clothing only. No torn, ripped, soiled, or clothing with obscene gestures or profanity. No jeans, shorts, or open toed shoes. Shirts must have collars.
-



# Marine Corps Logistics Command

## Civilian Employee/Contractor Personnel Pre-Deployment Responsibilities Checklist

Note that specific theater admission requirements for civilian employees deploying to a theater of operations will be established and provided as operations occur. The following is intended as a basic guide and is provided for information purposes.

ITEM	CONTR EMP	CIV EMP	POC - MARCORLOGCOM HQ
<b>Medical and Dental</b>			
<i>Note: Recommend the dental screening be completed first. This prevents employees that fail the dental exam from being immunized unnecessarily.</i>			
Have your civilian dentist complete applicable portion of "Report of Medical Examination" (SF88) (End (5) of LOI) or equivalent civilian dental form.	Required	Required	
Dental exam - take all dental records, X-rays, SF88, and deployment orders to this appt.	Required	Required	Dental Clinic, Bldg. 7000, 639-7871
Have your civilian physician complete applicable portion of "Report of Medical Examination" (SF88) (End (5) of LOI) or equivalent civilian medical form.	Required	Required	
Civilians should complete "Report of Medical History" (SF93) (End (4) of LOI).	Required	Required	
Medical exam - take med records, shot record, SF88, SF93 and deployment orders to this appt.	Required	Required	Medical, Bldg. 7000, 639-5557
Immunizations (will be provided by the government if provided to military personnel).	As required	As required	
HIV Test (if the country of deployment requires it).	As required	As required	
Psychological Evaluation.	As required	As required	
<b>Personal Items/Issues</b>			
<i>See Enclosure (2) of LOI for suggested Deployment Load.</i>			
Life Insurance questions for DoD civilians.			
Family care plans for dependents.			CHRO, Bldg. 3010, 639-5228/5255
Will and/or Power of Attorney (assistance will be provided by the government)	As required	As required	
	As required	As required	SJA, Bldg. 3500, Wing 500, 639-5212
<b>Equipment and Gear</b>			
Equipment will be issued as required and will be the same as issued to military personnel in theater. Some examples are: Uniforms Protective gear NBC Gas Mask Safety equipment	As required	As required	
<b>Identification and Information</b>			
Brief regarding potential danger, stress, physical hardships and field living conditions.	Required		Applicable Contractor
Certification in writing that employees acknowledge and accept above conditions.	Required		Applicable Contractor
Passport	Required	Required	Per Prop/Passenger Trans Br, Bldg. 3800, 639-5823
DoD employees are eligible to obtain an official (red) passport.		Required	
All other civilian personnel must possess a tourist (blue) passport.	Required		
VISA			Per Prop/Passenger Trans Br, Bldg. 3800, 639-5823
May be required depending on the country			
Required for all others.	Required		
Component and/or DoD standard identification card (must display SSN and DOB).		Required	Pass & ID, Bldg. 3010, 639-5100/5200
Contractor's Company Identification Card (must display SSN and DOB).	Required		Pass & ID, Bldg. 3010, 639-5100/5200
Record of Emergency Data (DD93) (End (7) of LOI).	Required	Required	
Security Clearance	As required	As required	HCSN, Security Section, Bldg. 3500, 639-7071
Identification Tags (dog tags)	Required	Required	Company GySgt, Bldg. 7122, 639-5133
Last Name, First and Last Initials			
SSN			
Blood Type			
Civilian			
Gas Mask Size			
Religion			
<b>Travel Orders</b>			
Travel Orders will be prepared by the office/department the civilian is assigned to.	Required	Required	
At a minimum, the orders should include:			
Contract Number (if applicable).	Required	Required	
Statement authorizing travel aboard military aircraft.	Required	Required	
Statement authorizing the carry of classified material (if applicable).	Required	Required	
Statement that the contractor will be held responsible for the loss of any gov-issued equip.	Required	Required	
<i>Note: Additional guidance regarding Travel Orders can be found in the LOI for Processing Civilian Employees and Contractor Personnel for Deployment (Encl (9))</i>			
Airline reservations, rental cars, etc.			
Assistance with questions regarding preparation of orders.			Omega Travel, Bldg. 3800, 435-3585
Travel Settlements.			Base Adjutant's Office, Bldg. 3500, 639-5265
			Finance Office, Bldg. 3500, 639-7012
<b>Civilian Pay</b>			
Regular salary paid by home station; other expenses paid from contingency funds. Time and attendance is reported as usual unless other "special" pay (i.e. danger pay, Foreign Post Differential) is approved.			Civilian Payroll Office, Bldg. 3500, 639-5710 Civilian Human Resources Office, Bldg. 3010, 639-5255



# REPORT OF MEDICAL HISTORY

(This information is for official and medically confidential use only and will not be released to unauthorized persons.)

Form Approved -  
OMB No. 0704-0413  
Expires Aug 31, 2003

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (04-0413), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.

## PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397.

PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both) to anyone making a false statement. If you are selected for enlistment, commission, or entrance into a commissioning program based on a false statement, you can be tried by military courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.

1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)

2. SOCIAL SECURITY NUMBER

3. TODAY'S DATE (YYYYMMDD)

4.a. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code)

5. EXAMINING LOCATION AND ADDRESS (Include ZIP Code)

b. HOME TELEPHONE (Include Area Code)

## X ALL APPLICABLE BOXES:

6.a. SERVICE

☐ Army ☐ Coast Guard  
☐ Navy  
☐ Marine Corps  
☐ Air Force

b. COMPONENT

☐ Active Duty  
☐ Reserve  
☐ National Guard

c. PURPOSE OF EXAMINATION

☐ Enlistment ☐ Medical Board ☐ Other (Specify)  
☐ Commission  
☐ Retirement  
☐ U.S. Service Academy  
☐ ROTC Scholarship Program  
☐ Retention  
☐ Separation

7.a. POSITION (Title, Grade, Component)

b. USUAL OCCUPATION

CURRENT MEDICATIONS (Prescription and Over-the-counter)

9. ALLERGIES (Including insect bites/stings, Foods, medicine or other substance)

Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 on Page 2.

HAVE YOU EVER HAD OR DO YOU NOW HAVE:

YES NO

- 10.a. Tuberculosis ☐ YES ☐ NO  
b. Lived with someone who had tuberculosis ☐ YES ☐ NO  
c. Coughed up blood ☐ YES ☐ NO  
d. Asthma or any breathing problems related to exercise, weather, pollens, etc. ☐ YES ☐ NO  
e. Shortness of breath ☐ YES ☐ NO  
f. Bronchitis ☐ YES ☐ NO  
g. Wheezing or problems with wheezing ☐ YES ☐ NO  
h. Been prescribed or used an inhaler ☐ YES ☐ NO  
i. A chronic cough or cough at night ☐ YES ☐ NO  
j. Sinusitis ☐ YES ☐ NO  
k. Hay fever ☐ YES ☐ NO  
l. Chronic or frequent colds ☐ YES ☐ NO

- 11.a. Severe tooth or gum trouble ☐ YES ☐ NO  
b. Thyroid trouble or goiter ☐ YES ☐ NO  
c. Eye disorder or trouble ☐ YES ☐ NO  
d. Ear, nose, or throat trouble ☐ YES ☐ NO  
e. Loss of vision in either eye ☐ YES ☐ NO  
f. Worn contact lenses or glasses ☐ YES ☐ NO  
g. A hearing loss or wear a hearing aid ☐ YES ☐ NO  
h. Surgery to correct vision (RK, PRK, LASIK, etc.) ☐ YES ☐ NO  
2.a. Painful shoulder, elbow or wrist (e.g. pain, dislocation, etc.) ☐ YES ☐ NO  
b. Arthritis, rheumatism, or bursitis ☐ YES ☐ NO  
c. Recurrent back pain or any back problem ☐ YES ☐ NO  
d. Numbness or tingling ☐ YES ☐ NO  
e. Loss of finger or toe ☐ YES ☐ NO

12. (Continued)

- f. Foot trouble (e.g. pain, corns, bunions, etc.) ☐ YES ☐ NO  
g. Impaired use of arms, legs, hands, or feet ☐ YES ☐ NO  
h. Swollen or painful joint(s) ☐ YES ☐ NO  
i. Knee trouble (e.g. locking, giving out, pain or ligament injury, etc.) ☐ YES ☐ NO  
j. Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint ☐ YES ☐ NO  
k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics, etc. ☐ YES ☐ NO  
l. Bone, joint, or other deformity ☐ YES ☐ NO  
m. Plate(s), screw(s), rod(s) or pin(s) in any bone ☐ YES ☐ NO  
n. Broken bone(s), cracked or fractured ☐ YES ☐ NO

- 13.a. Frequent indigestion or heartburn ☐ YES ☐ NO  
b. Stomach, liver, intestinal trouble, or ulcer ☐ YES ☐ NO  
c. Gall bladder trouble or gallstones ☐ YES ☐ NO  
d. Jaundice or hepatitis (liver disease) ☐ YES ☐ NO  
e. Rupture/hernia ☐ YES ☐ NO  
f. Rectal disease, hemorrhoids or blood from the rectum ☐ YES ☐ NO  
g. Skin diseases (e.g. acne, eczema, psoriasis, etc.) ☐ YES ☐ NO  
h. Frequent or painful urination ☐ YES ☐ NO  
i. High or low blood sugar ☐ YES ☐ NO  
j. Kidney stone or blood in urine ☐ YES ☐ NO  
k. Sugar or protein in urine ☐ YES ☐ NO  
l. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.) ☐ YES ☐ NO

- 14.a. Adverse reaction to serum, food, insect stings or medicine ☐ YES ☐ NO  
b. Recent unexplained gain or loss of weight ☐ YES ☐ NO  
c. Currently in good health (If no, explain in Item 29 on Page 2.) ☐ YES ☐ NO  
d. Tumor, growth, cyst, or cancer ☐ YES ☐ NO



LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)		SOCIAL SECURITY NUMBER	
Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 below.			
HAVE YOU EVER HAD OR DO YOU NOW HAVE:		YES NO	
15. a. Dizziness or fainting spells	<input type="radio"/> YES <input type="radio"/> NO	19. Have you been refused employment or been unable to hold a job or stay in school because of:	
b. Frequent or severe headache	<input type="radio"/> YES <input type="radio"/> NO	a. Sensitivity to chemicals, dust, sunlight, etc.	
c. A head injury, memory loss or amnesia	<input type="radio"/> YES <input type="radio"/> NO	b. Inability to perform certain motions	
d. Paralysis	<input type="radio"/> YES <input type="radio"/> NO	c. Inability to stand, sit, kneel, lie down, etc.	
e. Seizures, convulsions, epilepsy or fits	<input type="radio"/> YES <input type="radio"/> NO	d. Other medical reasons (If yes, give reasons.)	
f. Car, train, sea, or air sickness	<input type="radio"/> YES <input type="radio"/> NO	20. Have you ever been treated in an Emergency Room? (If yes, for what?)	
g. A period of unconsciousness or concussion	<input type="radio"/> YES <input type="radio"/> NO	21. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)	
h. Meningitis, encephalitis, or other neurological problems	<input type="radio"/> YES <input type="radio"/> NO	22. Have you ever had, or have you been advised to have any operations or surgery? (If yes, describe and give age at which occurred.)	
16. a. Pneumatic fever	<input type="radio"/> YES <input type="radio"/> NO	23. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)	
b. Prolonged bleeding (as after an injury or tooth extraction, etc.)	<input type="radio"/> YES <input type="radio"/> NO	24. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)	
c. Pain or pressure in the chest	<input type="radio"/> YES <input type="radio"/> NO	25. Have you ever been rejected for military service for any reason? (If yes, give date and reason for rejection.)	
d. Palpitation, pounding heart or abnormal heartbeat	<input type="radio"/> YES <input type="radio"/> NO	26. Have you ever been discharged from military service for any reason? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)	
e. Heart trouble or murmur	<input type="radio"/> YES <input type="radio"/> NO	27. Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? (If yes, specify what kind, granted by whom, and what amount, when, why.)	
f. High or low blood pressure	<input type="radio"/> YES <input type="radio"/> NO	28. Have you ever been denied life insurance?	
17. a. Nervous trouble of any sort (anxiety or panic attacks)	<input type="radio"/> YES <input type="radio"/> NO		
b. Habitual stammering or stuttering	<input type="radio"/> YES <input type="radio"/> NO		
c. Loss of memory or amnesia, or neurological symptoms	<input type="radio"/> YES <input type="radio"/> NO		
d. Frequent trouble sleeping	<input type="radio"/> YES <input type="radio"/> NO		
e. Received counseling of any type	<input type="radio"/> YES <input type="radio"/> NO		
f. Depression or excessive worry	<input type="radio"/> YES <input type="radio"/> NO		
g. Been evaluated or treated for a mental condition	<input type="radio"/> YES <input type="radio"/> NO		
h. Attempted suicide	<input type="radio"/> YES <input type="radio"/> NO		
i. Used illegal drugs or abused prescription drugs	<input type="radio"/> YES <input type="radio"/> NO		
18. FEMALES ONLY. Have you ever had or do you now have:			
a. Treatment for a gynecological (female) disorder	<input type="radio"/> YES <input type="radio"/> NO		
b. A change of menstrual pattern	<input type="radio"/> YES <input type="radio"/> NO		
c. Any abnormal PAP smears	<input type="radio"/> YES <input type="radio"/> NO		
d. First day of last menstrual period (YYYYMMDD)	<input type="radio"/> YES <input type="radio"/> NO		
e. Date of last PAP smear (YYYYMMDD)	<input type="radio"/> YES <input type="radio"/> NO		
29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)			

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL PERSONNEL ONLY."





# REPORT OF MEDICAL EXAMINATION

1. DATE OF EXAMINATION  
(YYYYMMDD)

2. SOCIAL SECURITY NUMBER

## PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397.

PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

3. LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)			4. HOME ADDRESS (Street, Apartment Number, City, State and ZIP Code)			5. HOME TELEPHONE NUMBER (Include Area Code)		
6. GRADE	7. DATE OF BIRTH (YYYYMMDD)	8. AGE	9. SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	10.a. RACIAL CATEGORY (X one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Decline to Respond			b. ETHNIC CATEGORY <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Decline to Respond	
11. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY      b. CIVILIAN		12. AGENCY (Non-Service Members Only)			13. ORGANIZATION UNIT AND UIC/CODE			
14.a. RATING OR SPECIALTY (Aviators Only)			b. TOTAL FLYING TIME			c. LAST SIX MONTHS		
15.a. SERVICE <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force		b. COMPONENT <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard		c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input type="checkbox"/> Other <input type="checkbox"/> Commission <input type="checkbox"/> Retirement <input type="checkbox"/> Retention <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program			16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include ZIP Code)	

INITIAL EVALUATION (Check each item in appropriate column. Enter "NE" if not evaluated.)

	Normal	Ab-normal	NE
17. Head, face, neck, and scalp			
18. Nose			
19. Sinuses			
20. Mouth and throat			
21. Ears - General (Int. and ext. canals/Auditory acuity under item 71)			
22. Drums (Perforation)			
23. Eyes - General (Visual acuity and refraction under items 61 - 63)			
24. Ophthalmoscopic			
25. Pupils (Equality and reaction)			
26. Ocular motility (Associated parallel movements, nystagmus)			
27. Heart (Thrust, size, rhythm, sounds)			
28. Lungs and chest (Include breasts)			
29. Vascular system (Varicosities, etc.)			
30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)			
31. Abdomen and viscera (Include hernia)			
32. External genitalia (Genitourinary)			
33. Upper extremities			
34. Lower extremities (Except feet)			
35. Feet (See Item 35 Continued)			
36. Spine, other musculoskeletal			
37. Identifying body marks, scars, tattoos			
38. Skin, lymphatics			
39. Neurologic			
40. Psychiatric (Specify any personality deviation)			
41. Pelvic (Females only)			
42. Endocrine			
43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in Item 44.)			
<input type="checkbox"/> Acceptable			
<input type="checkbox"/> Not Acceptable Class			

44. NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in Item 73 and use additional sheets if necessary.)

35. FEET (Continued) (Circle category)

Normal Arch	Mild	Asymptomatic
Pes Cavus	Moderate	
Pes Planus	Severe	Symptomatic

LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)										SOCIAL SECURITY NUMBER					
LABORATORY FINDINGS															
15. URINALYSIS		a. Albumin		46. URINE HCG		47. H/H		48. BLOOD TYPE							
		b. Sugar													
TESTS		RESULTS		HIV SPECIMEN ID LABEL				DRUG TEST SPECIMEN ID LABEL							
49. HIV															
50. DRUGS															
51. ALCOHOL															
52. OTHER															
a. PAP SMEAR															
b.															
c.															
MEASUREMENTS AND OTHER FINDINGS															
53. HEIGHT		54. WEIGHT lbs.		55. MIN WGT - MAX WGT		MAX BF %		56. TEMPERATURE		57. PULSE					
58. BLOOD PRESSURE				59. RED/GREEN (Army Only)				60. OTHER VISION TEST							
a. 1ST		b. 2ND										c. 3RD			
SYS.		SYS.										SYS.			
DIAS.		DIAS.										DIAS.			
61. DISTANT VISION				62. REFRACTION BY AUTOREFRACTION OR MANIFEST				63. NEAR VISION							
Right 20/		Corr. to 20/		By		S. CX		Right 20/		Corr. to 20/ by					
Left 20/		Corr. to 20/		By		S. CX		Left 20/		Corr. to 20/ by					
64. HETEROPHORIA (Specify distance)															
ES °		EX °		R.H.		L.H.		Prism div.		Prism Conv. CT					
										NPR PD					
65. ACCOMMODATION				66. COLOR VISION (Test used and result)				67. DEPTH PERCEPTION (Test used and score) AFVT							
Right		Left		PIP /14				Uncorrected Corrected							
78. FIELD OF VISION				69. NIGHT VISION (Test used and score)				70. INTRAOCULAR TENSION							
								O.D. O.S.							
71a. AUDIOMETER		Unit Serial Number						71b. Unit Serial Number		72a. READING ALOUD TEST					
Date Calibrated (YYYYMMDD)								Date Calibrated (YYYYMMDD)							
HZ	500	1000	2000	3000	4000	6000	HZ	500	1000	2000	3000	4000	6000	SAT	UNSAT
Right							Right								
Left							Left								
72b. VALSALVA															
SAT UNSAT															
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY (Use additional sheets if necessary.)															



LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)						SOCIAL SECURITY NUMBER					
74.a. EXAMINEE/APPLICANT (check one)						75. I have been advised of my disqualifying condition.					
<input type="checkbox"/> IS QUALIFIED FOR SERVICE						a. SIGNATURE OF EXAMINEE				b. DATE (YYYYMMDD)	
<input type="checkbox"/> IS NOT QUALIFIED FOR SERVICE											
b. PHYSICAL PROFILE											
P	U	L	H	E	S	X	PROFILER INITIALS		DATE (YYYYMMDD)		
76. SIGNIFICANT OR DISQUALIFYING DEFECTS											
ITEM NO.	MEDICAL CONDITION/DIAGNOSIS			ICD CODE	PROFILE SERIAL	RBJ DATE (YYYYMMDD)	QUALIFIED	DISQUALIFIED	EXAMINER INITIALS	WAIVER RECEIVED	
										SERVICE	DATE (YYYYMMDD)
77. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers) (Use additional sheets if necessary.)											
78. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify) (Use additional sheets if necessary.)											
79. MEPS WORKLOAD (For MEPS use only)											
WKID		ST		DATE (YYYYMMDD)		INITIAL		WKID		ST	
80. MEDICAL INSPECTION DATE											
HT		WT		%BF		MAX WT		HCG		QUAL	
										DISQ	
										PHYSICIAN'S SIGNATURE	
81.a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER						b. SIGNATURE					
82.a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER						b. SIGNATURE					
83.a. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)						b. SIGNATURE					
84.a. TYPED OR PRINTED NAME OF REVIEWING OFFICER/APPROVING AUTHORITY						b. SIGNATURE					
b. This examination has been administratively reviewed for completeness and accuracy.											
a. SIGNATURE						b. GRADE				c. DATE (YYYYMMDD)	
86. WAIVER GRANTED (If yes, date and by whom)										87. NUMBER OF ATTACHED SHEETS	
<input type="checkbox"/> YES											
<input type="checkbox"/> NO											

## HEALTH RECORD

## IMMUNIZATION RECORD

All entries in ink to be  
made in block letters**Anthrax Immunization Flowsheet**I have read the information sheet: What every person needs to know about the Anthrax Vaccine.

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date	Type / Series	Lot Number	Manufacturer	Dose	Route	Provider
	Anthrax #1 (Day 0)			0.5cc	SQ	
	Anthrax #2 (Week 2)			0.5cc	SQ	
	Anthrax #3 (Week 4)			0.5cc	SQ	
	Anthrax #4 (Month 6)			0.5cc	SQ	
	Anthrax #5 (Month 12)			0.5cc	SQ	
	Anthrax #6 (Month 18)			0.5cc	SQ	

Record of adverse reaction(s):

PATIENT'S IDENTIFICATION (Use this space for mechanical imprint)

RECORDS MAINTAINED AT:			
PATIENT'S NAME (Last, First, Middle initial)			SEX
RELATIONSHIP TO SPONSOR N/A		STATUS Active Duty	RANK/GRADE
SPONSOR'S NAME N/A		ORGANIZATION / UNIT	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	

STANDARD FORM 601 (Special)  
Prescribed by GSA and IMCR  
FIRM (41 CFR) 201-45.505

Encl (6)



# **RECORD OF EMERGENCY DATA**

## **PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 USC 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397, November 1943 (SSN).

**PRINCIPAL PURPOSES:** This form is used to designate beneficiaries for certain benefits in the event of the servicemember's death. It is a guide for the disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the servicemember desires to be notified in case of emergency or death. The purpose of soliciting the SSN is to provide positive identification.

**ROUTINE USES:** None.

**DISCLOSURE:** Voluntary; however, failure to provide personal identifier information may delay notification of the servicemember's status or may handicap processing of benefits to designated beneficiaries.

## **INSTRUCTIONS TO SERVICEMEMBER**

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty, and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other dependents listed; for example, as a result of marriage, civil court action, death, or address change. Regarding your designation in Item 11, "Allotment if Missing" (if used by your Service), please read the following

statement carefully, and sign on the line provided:

I fully understand that, if I am captured, missing, or interned, my designation of allotments to dependents from my pay and allowances serves only as a guide to the Secretary of my Service. The Secretary may alter my designated allotment in the best interests of myself, my dependents, or the United States Government.

*(Signature of Servicemember)*

<b>1. NAME</b> (Last, First, Middle)		<b>2a. SSN</b>	<b>b. INITIAL</b> (To indicate valid SSN)	<b>3a. SERVICE</b>	<b>b. REPORTING UNIT CODE</b> DUTY STATION
<b>4a. SPOUSE NAME</b>		<b>b. ADDRESS</b> (Include ZIP Code)			
<b>5. CHILDREN</b>		<b>b. RELATIONSHIP</b>	<b>c. DATE OF BIRTH</b> (YYYYMMDD)	<b>d. ADDRESS</b> (Include ZIP Code)	
<b>a. NAME</b>					
<b>6a. FATHER NAME</b>		<b>b. ADDRESS</b> (Include ZIP Code)			
<b>7a. MOTHER NAME</b>		<b>b. ADDRESS</b> (Include ZIP Code)			
<b>8a. DO NOT NOTIFY DUE TO ILL HEALTH</b>		<b>b. NOTIFY INSTEAD</b>			
<b>9a. BENEFICIARY(IES) FOR DEATH GRATUITY</b> (If no surviving spouse or child)		<b>b. ADDRESS</b> (Include ZIP Code)			<b>c. PERCENTAGE</b>
<b>10a. BENEFICIARY(IES) FOR UNPAID PAY/ ALLOWANCES</b>		<b>b. ADDRESS</b> (Include ZIP Code)			<b>c. PERCENTAGE</b>
<b>11. ALLOTMENT DESIGNEE/PERCENTAGE IF MISSING</b> (Subject to Secretarial determination)					
<b>12. INSURANCE</b> (SGLI and other Insurance Companies/Policy Numbers)		<b>a. SGLI</b> (Optional Service Use) <input type="checkbox"/> MAXIMUM <input type="checkbox"/> NO <input type="checkbox"/> OTHER (Amount) _____		<b>b. INSURANCE COMPANIES/POLICY NUMBERS</b>	
<b>13. CONTINUATION/REMARKS</b>					
<b>14. SIGNATURE OF SERVICEMEMBER</b> (Include rank, rate, or grade)			<b>15. SIGNATURE OF WITNESS</b> (Include rank, rate, or grade)		<b>16. DATE SIGNED</b> (YYYYMMDD)



# INSTRUCTIONS FOR PREPARING DD FORM 93

(See appropriate Service Directives for supplemental instructions for completion of this form at other than MEPS)

All entries explained below are for electronic or typewriter completion, except those specifically noted. If computer or typewriter is not available, print in black or blue-black ink insuring a legible image on all copies. Include "Jr.," "Sr.," "III" or similar designation for each name, if applicable. When an address is entered, include the appropriate ZIP code. If the member cannot provide a current address, indicate "unknown" in the appropriate item. Addresses shown as P.O. Box Numbers or RFD numbers should indicate in Item 13, "Continuations", a street address or general guidance to reach the place of residence. In addition, the notation "See Item 13" should be included in the item pertaining to the particular next of kin. If the address for the person in the item has been shown in a preceding item, it is unnecessary to repeat the address; however, the name must be entered. When the space for a particular item is insufficient, insert "See #13" and continue the information in Item 13. Also see preparation instructions for Item 13.

ITEM 1. Member's full last name, first name, middle name.

ITEM 2a. Member's social security number (SSN).

ITEM 2b. Member's initials in ink, verifying SSN accuracy.

ITEM 3a. Service. Use standard one-letter Service code (A - Army, F - Air Force, N - Navy, M - Marine Corps).

ITEM 3b. Reporting Unit Code/Duty Station. Army/Air Force/Navy - see Service Directives. Marine Corps - MEPS enters Monitored Command Code (MCC) to which the member will be assigned.

ITEM 4. First name, middle initial, maiden name (if applicable), and address of spouse. If member is single, divorced, or widowed, so state.

ITEM 5. First name, middle initial, last name (only if different from member's), relationship to member, and date of birth of all children. If none, so state. Include illegitimate children if acknowledged by member or paternity/maternalty has been judicially decreed. Indicate relationship, for example: 03 - son, 04 - daughter, 13 - stepson, 14 - stepdaughter, 33 - adopted daughter, 34 - adopted son. Sample entries: Mary A./04/19650704; Donald E. Jones/13/ 19630102. For children not living with the member's current spouse, include address and name and relationship of person with whom residing.

ITEM 6. First name, middle initial, last name, and address of father. If unknown or deceased, so state. Include civilian title or military grade if applicable. If other than natural father is listed, indicate relationship.

ITEM 7. First name, middle initial, last name, and address of mother. If unknown or deceased, so state. Include civilian title or military grade if applicable. If other than natural mother is listed, indicate relationship.

ITEM 8. Persons not to be notified due to ill health.

a. List relationship, e.g., "Mother," of person(s) listed in Items 4, 5, 6, or 7 who are not to be notified of a casualty due to ill health. If more than one child, specify, e.g., "daughter Susan."

b. List relationship, e.g., "Father" or name and address of person(s) to be notified in lieu of person(s) listed in item 8a.

ITEM 9a. Enter first name(s), middle initial, last name(s) and relationship of person to receive the 6 months' gratuity pay if there is no surviving spouse or child at the time of death. Only parents (including a person in loco parentis status) and brothers and sisters (including those of half-blood and those through adoption) may be designated. Loco Parentis means any person(s) who acted in place of the member's parent(s) for a period of not less than one year at any time before the member entered on active duty. If brothers or sisters are designated, show date of birth (YYYYMMDD). Enter "None" if the member has no eligible beneficiary. No benefit can be paid in that instance (10 USC 1477). Also enter "None" if the member does not wish to designate a beneficiary. Payment is then made in the order of precedence established by law. The member should make specific designations, as expedites payment.

ITEM 9b. Enter beneficiary(ies) full mailing address to include the ZIP Code.

ITEM 9c. Show the percentage to be paid to each person if two or more beneficiaries are designated. The sum shares must equal 100 percent. If no percent is indicated and more than one person is named, the money is paid in equal shares to the persons named.

ITEM 10a. Enter first name(s), middle initial, last name(s) and relationship of person to receive unpaid pay and allowances at the time of death. The member may indicate anyone to receive this payment. If the member designated two or more beneficiaries, state the percentage to be paid each in item 10c. If the member does not wish to designate a beneficiary, enter "None." The member is urged to designate a beneficiary for unpaid pay and allowances as payment will be made to the person in order of precedence by law (10 USC 2271) in the absence of a designation.

ITEM 10b. Enter beneficiary(ies) full mailing address to include the ZIP Code.

ITEM 10c. If the member designated two or more beneficiaries, state the percentage to be paid each in this section. The sum shares must equal 100 percent.

ITEM 11. First name, middle initial, last name, relationship, and address of dependent(s) the member designates to receive an allotment of pay if missing, captured, or interned. This allotment may be initiated by the Service Secretary or his designee in the event the member enters a missing status. This item may be left blank. If member designates two or more allottees, state the percentage to be paid to each. The sum shares need not equal 100 percent, but may not exceed 100 percent. NOTE: Designations made in Item 11 are used as a guide by the Service Secretary or designee in establishing, changing, or discontinuing an allotment in the interest of the member (37 USC 551-558). The final decision rests with the Service Secretary or designee.

ITEM 12. Insurance information.

a. Serviceman's Group Life Insurance (SGLI). Not applicable for Marine Corps and Air Force members. NOTE: Completion of this item does not constitute a SGLI election or designation or beneficiary(ies). Indicate, by entering an "X" in the appropriate block, the member's SGLI election (as stated in VA Form 29-8286). For Navy members, on the next line, enter, as appropriate, either: "Bene Desig filed (YYYYMMDD)," or "Bene Desig-not filed."

b. Insurance companies/policy numbers. Enter full name of all commercial life insurance companies to be notified in case of death. Enter policy number if member desires; this expedites settlement of claims.

ITEM 13. Continuations/remarks. Use this item for remarks or continuation of other items, if necessary. Prefix entry with the number of the item being continued; for example, 5/John J./03/ 19451220/321 Pecan Drive, Schertz TX 78151. Also use this item to list name, address, and relationship of other persons the member desires to be notified. Other dependents may also be listed.

ITEM 14. Member's signature. Have the member check and verify all entries and sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade.

ITEM 15. Signature of witness. Have a witness (disinterested person) sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade.

ITEM 16. Date the member signs the form. This item is an ink entry and must be completed by the member on four copies.



### Special Interest Code (SIC) List

Current as of CMC msg 141406Z Nov 03 and CMC msg 031527Z Mar 04

OPERATION	SIC	DESCRIPTION
Noble Eagle	CA0	CONUS Recovery & Defensive Ops
Enduring Freedom	CY0	War on Terrorism Operations not specifically tracked separately Eg. Afghanistan, Phillipines, Horn of Africa (HOA)
Enduring Freedom	CX0	HOA, Base Operation Support (BOS) Mission
Enduring Freedom	CZ0	MARCENT Executive Agent (EA) Responsibilities
Iraqi Freedom	PF0	Iraq Offensive and Direct Support Operations
Reconstitution/ Setting the Force	SF0	Reconstitution/Regeneration and Setting the Force for all GWOT Operations (ONE/OEF/OIF)
GTEP	EK0	Georgia Train & Eqmt Pgm
Haiti Ops	HA0	Haiti

## Travel Order Guidance

Orders are to be written for 210 days. Rotation is usually 179 days. The extra days reduce the need for modifications should a delay occur.

Orders should grant 10 days Per Diem, rental car (if authorized), lodging/messing out in town (if authorized), and airline ticket to CPDP.

Government travel charge cards use is mandatory, unless otherwise exempted. Personnel nominated to fill Individual Augment (IA) billets need authority of a monthly limit up to but not to exceed 5,000 dollars and a max credit limit of 12,000.

List security clearance in orders (type investigation, investigating agency, date of investigation, date investigation adjudicated, clearance held, clearance eligible for). This information must be verified by the Security Officer.

If applicable, list requisite security clearance and authorization to carry classified material in the orders.

Use applicable statements for use of government charge card, long distance calls home, etc (note: laundry is covered in CONUS only).

Travel via Commercial Air to/from area of deployment is authorized. Reservations will be made through Omega World Travel and charges will be billed by TMO through a Marine Corps Central Billed Account using the line of accounting in the orders.

Orders for Contractor personnel should include:

- (a) The contract number.
- (b) A statement authorizing travel aboard military aircraft.
- (c) A statement that the contractor will be held responsible for the loss of any government-issued equipment.

The following bullets/considerations are provided for use as needed:

(a) "Gaining Command Name, Line Number, Billet Name, Billet MOS". "Report to (xxx) for follow on assignment to (Name Command)".

(b) Purpose of TAD: In support of (i.e.) Operation Enduring Freedom (OEF) or Operation Iraqi Freedom (OIF).



(c) "Leave en route upon completion of TAD authorized, and must be claimed as such during travel claim preparation".

(d) "Authorized reimbursement for local taxi, bus, subway".

(e) "Excess baggage authorized".

(f) "Authorized varied itinerary".

(g) "Complete partial travel claim after 30 days TAD and complete a new one every 30 day increment for the duration of TAD until the last 30 days in which the final claim will be submitted". Submit settlements to Finance Office at deployment site. Provide copy of settlement to home station upon return.

(h) "Within 72 hours of return from TAD, present these orders to Finance Office for settlement. Claim all periods of leave and times of departure". All settlements will be processed via mandatory split disbursement guidelines. Deployment travel claims are submitted the same as travel claims for any other purpose.

(i) "Upon completion of TAD duty return to permanent duty station and resume regular duty".

(j) "Authorized reimbursement for official phonecalls".

(k) "Authorized reimbursement for administrative fees for ATM used to obtain advances from the government travel charge card up to the amount of travel".